

Oral Cancer Risk Factors

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The data in this report come from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a continuous telephone survey system supported in part by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The system is designed to provide information on behaviors and risk factors for chronic and infectious diseases and other health conditions among the adult population. The data for this report have been weighted to reflect the adult New York State population and were analyzed by the Division of Oral Health in the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention. Editorial support for this newsletter was provided through a cooperative agreement with the Council of State and Territorial Epidemiologists. The assistance and cooperation of the Texas Department of Health are acknowledged (1).

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Oral Cancer

Introduction

Cancers of the oral cavity (lip, tongue, salivary glands and other sites in the mouth) and pharynx account for about 3 percent of the cancers diagnosed in the United States each year. About 30,000 new cases are diagnosed and more than 8,000 people die from the disease each year in the United States(2). In New York State, 1989-1993, the average annual number of cases of oral cancer was 2,046, 1,347 for males and 699 for females, respectively(3). The 1990-1994 mortality rate for oral cancers was 2.9 per 100,000, ranking New York 21st among the states. Overall, the five-year survival rate for oral cancer is about 53 percent; however, minorities are much less likely than whites to survive after a diagnosis of oral cancer. Black males fare worse than any other group; only about 28 percent survive five years after a diagnosis of oral cancer (4). Oral cancers are more likely to occur in men than in women and most often are diagnosed in people over the age of 40.

Early Detection

The oral cavity is an easily accessible part of the body, and examinations for oral cancers can increase the likelihood of detecting these life-threatening cancers. However, most oral cancers are not detected at an early stage, when treatment is most effective. Although dentists are most likely to perform an oral cancer examination, all primary health care providers, including physicians, nurses and dental hygienists, should perform regular oral cancer examinations for patients who have been identified at high risk for oral cancer (5,6).

Prevention

Primary prevention strategies may offer the best opportunity for reducing oral cancer deaths and disease. Health care providers should counsel patients about the use of tobacco and alcohol, high risk behaviors that increase the likelihood of developing oral cancer (5,6). The use of tobacco is a contributing factor in at least 75 percent of all oral cancers (5,7,8). Cigarettes have been established as a direct cause of oral cancer. There is strong evidence that snuff can cause oral cancer, and chewing tobacco increases the risk of tissue

changes in the mouth that can lead to oral cancer. Among cigar and pipe smokers, oral cancer mortality rates are similar to or higher than among cigarette smokers.

The deadly combination of “heavy drinking” and “heavy smoking” greatly increases the risk of developing oral cancer.

All forms of alcohol in excess (including beer, wine and liquor) can increase the risk of developing oral cancer (5,8).

Risk Behaviors

Data analysis results indicate that significant numbers of the population of New York State are at risk of developing oral cancer because of risk behaviors including tobacco and alcohol use:

- 2.95 million adults in New York State are cigarette smokers.
- 611,600 adults smoke cigarettes and use alcohol in combination.
- 71,600 adults at high risk for oral cancer because of cigarette and alcohol use in combination had no dental or medical visit in the past year.

Tobacco

Among the New York State adult population, 21.5 percent smoke cigarettes, compared to 22.4 percent nationwide. Of those adults currently smoking, 18.2 percent smoke 25 or more cigarettes each day. Adults ages 35-44 have the highest smoking rates. The prevalence of smoking increased with age until ages 35-44 and then declined in New York State and nationwide (Table 1).

Alcohol

About 12.6 percent of adults in New York State engaged in “risky drinking behaviors”—consuming more than 60 drinks per month or consuming more than five drinks on at least one occasion during the month. Younger adults were more likely to report risky drinking behaviors than older adults, with the highest rate (26.2%) among those 18-24 years of age. Risky drinking behaviors then declined steadily with age (Table 2).

Table 1.
Current cigarette smoking by age

Behavioral Risk Factor Surveillance System, 1995

	New York	US Median
	(%)	(%)
Age		
Total	21.5	22.4
18-24	24.9	24.4
25-34	26.3	26.2
35-44	28.0	27.3
45-54	18.1	24.5
55-64	21.0	21.1
65+	9.3	11.1

Table 2
Risky drinking by age (a)

Behavioral Risk Factor Surveillance System, 1995

	United States	New York
	(%)	(%)
Age		
Total	14.4	12.6
18-24	25.6	26.2
25-34	21.5	18.0
35-44	14.8	13.1
45-54	10.4	8.6
55-64	6.1	6.4
65+	3.2	3.7

(a) Risky drinking defined as consuming more than 60 drinks per month or consuming more than five drinks on at least one occasion during the month.

Alcohol consumption in combination with smoking can further increase the risk for oral cancer. About 4.5 percent of adults in New York are at increased risk of oral cancer because of risky drinking combined with tobacco use, compared to 5.4 percent nationwide.

Health Care Utilization

For adults at highest risk for oral cancer, access to health services is an important opportunity for early detection. According to BRFSS data, in 1995, 75 percent of adults reported that they had a routine medical doctor visit during the past year, and 71.2 percent reported a dental visit. However, there was underutilization among those at highest risk for oral cancer—smokers who engage in risky drinking behavior. In New York

State, 33.9 percent of those adults had not had a routine medical doctor visit within the past year, compared to 50.4 percent nationwide. About 44.6 percent had not seen a dentist within the past year, and 22.7 percent had not had a routine medical visit or dental visit.

Signs and Symptoms of Oral Cancer

- mouth sore that fails to heal or that bleeds easily;
- white or red patch in the mouth that will not go away;
- lump, thickening or soreness in the mouth, throat or tongue;
- difficulty chewing or swallowing food.

Prevention and Control Strategies for Oral Cancer

In August 1996, the Centers for Disease Control and Prevention, in collaboration with other organizations, convened the National Strategic Planning Conference for the Prevention and Control of Oral and Pharyngeal Cancer. Strategies for action in five areas were recommended and a long-range plan for education, policy development and research is being finalized. In the area of public education, the strategies recognized that “*members of the public need to know that an examination for oral cancer exists and that they can and should request one routinely from a variety of health care providers. The public also needs to know the signs and symptoms of oral cancer, the risk factors for the disease, and ways to reduce risk. This is particularly important for high-risk groups of tobacco and alcohol users.*”

The recommended strategies for professional education included:

- developing health care curricula that require competency in prevention, diagnosis and multidisciplinary manage-

ment of oral and pharyngeal cancer, including the prevention and cessation of tobacco use and alcohol abuse;

- promoting soft tissue examination for detection of oral cancer as a standard part of a complete patient examination by health care professionals (9).

These strategies are consistent with the priorities of the New York State Department of Health to reduce risky drinking and the use of tobacco products. The department's report, *Communities Working Together for a Healthier New York* emphasizes the need to focus efforts on the underlying causes of disease such as unhealthy behaviors (10). Reducing risky alcohol consumption and use of tobacco products through policies, education and environmental changes can help reduce the risk for oral cancer and other diseases.

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